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## **FEC FORM 2**

### STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	Hon. Timothy L Walberg								
	(b) Address (number and street) 6769 Teachout Road	□С	heck if addre	ss changed		2. Candidate's FEC Ide H4MI07103	ntification Nu	ımber	
	(c) City, State, and ZIP Code						ew		Amended
	Tipton		М	l 4928	7-9807	Statement X (N	N) OR		(A)
4.	Party Affiliation	5. Office Soug	jht			rict of Candidate			
	REPUBLICAN PARTY	House			MI	07			
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIGN	COMMITTEE			
7.	I hereby designate the following nar	ned political co	mmittee as n	ny Principal	Campaign Comm	nittee for the 2016 (year of elec	election	n(s).	
	NOTE: This designation should be f	iled with the ap	propriate offi	ce listed in t	he instructions.				
	(a) Name of Committee (in full)								
	Walberg for Congre	SS							
	(b) Address (number and street) PO Box 1362								
	(c) City, State, and ZIP Code								
	Jackson				MI	49204-1362			
8.	I hereby authorize the following name candidacy.	•	_		ng Representative	,	opend funds o	on beha	alf of my
	NOTE: This designation should be f	iled with the pri	incipal campa	aign committ	ee.				
	(a) Name of Committee (in full)  Security For Americ	a Fund V	III						
	(b) Address (number and street) 4703 Woodway Lane NW								
_	(c) City, State, and ZIP Code								
	Washington				DC	20016-3240			
	I certify that I have exa	mined this Stat	tement and to	the best of	my knowledge a	nd belief it is true, correct	t and comple	te.	'
Si	gnature of Candidate					Date			
H	on. Timothy L Walberg			[Elec	tronically Filed]	02/03/2015			
NO	OTE: Submission of false, erroneous,	or incomplete	information r	nay subject	the person signin	ng this Statement to penal	Ities of 2 U.S	.C. §43	7g.
							_		

FEC FORM 2 (REV. 02/2009)

# FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

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DESIGNA	TION OF OTHER AUTHORIZED CO (Including Joint Fundraising Representative		[ ADDITIONAL ]
I hereby authorize the following named committee, w candidacy.	which is NOT my principal campaign committee, to red	ceive and expend funds o	on behalf of my
NOTE:This designation should be filed with	the principal campaign committee.		
(a) Name of Committee (in full)			
Great Eight Committee			
(b) Address (number and street) 228 S Washington Street Suite 115			
(c) City, State and ZIP Code			_
Alexandria	VA	22314-5404	
DESIGNA	TION OF OTHER AUTHORIZED CO		[ ADDITIONAL ]
I hereby authorize the following named committee, w candidacy.	which is NOT my principal campaign committee, to re	ceive and expend funds of	on behalf of my
NOTE: This designation should be filed with	n the principal campaign committee.		
(a) Name of Committee (in full)			
Michigan Young Guns Vic	tory Fund		
(b) Address (number and street) 25 E Main Street			
(c) City, State and ZIP Code			
Richmond	VA	23219-2109	
DESIGNA	TION OF OTHER AUTHORIZED CO (Including Joint Fundraising Representativ		[ ADDITIONAL ]
I hereby authorize the following named committee, w candidacy.	which is NOT my principal campaign committee, to re	ceive and expend funds of	on behalf of my
NOTE: This designation should be filed with	the principal campaign committee.		
(a) Name of Committee (in full)			_
Patriot Day III 2014			
(b) Address (number and street) 228 S Washington Street Suite 115			
(c) City, State and ZIP Code			
Alexandria	VA	22314-5404	

(c) City, State and ZIP Code

### FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

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#### [ ADDITIONAL ] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) Walberg Bishop Victory Fund (b) Address (number and street) 2470 Daniels Bridge Road (c) City, State and ZIP Code Athens GΑ 30606-6187 [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State and ZIP Code [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street)